# 00- € -0773

CLAIM OF: TAUSHA STRAWDER through her attorney,

through her attorney, LORI HAMILITON 34 Peachtree Street

Atlanta, Georgia 30303

For damages alleged to have been sustained as a result of a vehicular accident on January 4, 1999 at CHM. Campbellton Road & Harbin Road.

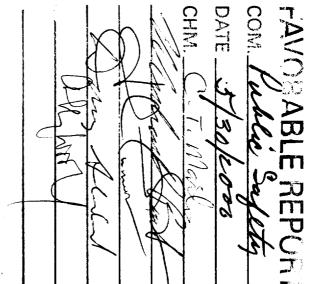
BY PUBLIC SAFETY & LEGAL ADMINISTATION TO COMMITTEE:

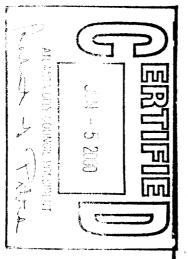
BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to Tausha Strawder, the sum of \$1000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on January 4, 1999 at Campbellton Road & Harbin Road, as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD,
CITY ATTORNEY

ROSALIND A. RUBENS
DEPUTY CITY ATTORNEY

ADOPTED BY COUNCIL





APPROVED

WITHOUT SIGNATURE BY OPERATION OF LAW



# MUNICIPAL CLERK ATLANTA, GEORGIA

00-R-0773

A RESOLUTION

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to Tausha Strawder, through her attorney Lori Hamilton in the sum of \$1000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a vehicular accident on January 4, 1999 at Campbellton Road & Harbin Road as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Thomba Daughin Johnson Municipal Clerk, CMC ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403

JUNE 05, 2000

JUNE 14, 2000

# **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

| File No. 99L0095                                                      | Date:                | April 8, 1999                   |             |  |  |  |
|-----------------------------------------------------------------------|----------------------|---------------------------------|-------------|--|--|--|
|                                                                       |                      |                                 |             |  |  |  |
|                                                                       |                      | •                               |             |  |  |  |
| Claimant / Victim Tausha Strawder                                     |                      |                                 |             |  |  |  |
| BY: (Atty) (Ins. Co.) Hibbert & Hamilton                              |                      |                                 |             |  |  |  |
| Address: 34 Peachtree Street, Suite 2130                              | <u>0 Atlanta, Ge</u> | orgia 30303                     |             |  |  |  |
| Subrogation: Claim for Property damag Date of Notice: 02/01/99 Method | e \$                 | Bodily Injury \$                | 510,000.00  |  |  |  |
| Date of Notice: 02/01/99 Method                                       | : Written, prope     | er <u>X</u> In                  | nproper     |  |  |  |
| Conforms to Notice: O.C.G.A. §36-33-5                                 | <u>X</u>             | _ Ante Litem (6 Mo.)            | X           |  |  |  |
| Date of Occurrence 01/04/99                                           | Place: <u>Cam</u>    | ipbellton Road@ Harbin          | Road        |  |  |  |
| Department Police Bureau: Employee involved Eric Oliver               |                      | Division                        |             |  |  |  |
| Employee involved Eric Oliver                                         | Dept. A              | ction                           |             |  |  |  |
| NATURE OF CLAIM A C'C. (A) 1                                          | 1 . 1                | 1, ,1 1, ,7                     | 1 1 41 1    |  |  |  |
| NATURE OF CLAIM: A City of Atlanta police ve                          |                      |                                 |             |  |  |  |
| striking said vehicle causing injury to the claimar                   | nt, a passenger a    | it the time of the acciden      | it          |  |  |  |
|                                                                       |                      |                                 |             |  |  |  |
| INVESTIGATION:                                                        |                      |                                 |             |  |  |  |
| investigation.                                                        |                      |                                 |             |  |  |  |
| Statements: City employee Claimant _                                  | Others               | Written                         | Oral        |  |  |  |
| Pictures Diagrams Reports: P                                          | olice                | Dept Report X                   | Other       |  |  |  |
| Traffic citations issued: City Driver                                 | Claimar              | ot Driver                       |             |  |  |  |
| Citation disposition: City Driver                                     | Claiman              | t Driver                        |             |  |  |  |
| emaior dispositions (ii) Differ                                       |                      |                                 | <u>.</u> ·  |  |  |  |
| BASIS OF RECOMMENDATION:                                              |                      |                                 |             |  |  |  |
|                                                                       |                      |                                 |             |  |  |  |
| Function: GovernmentalX                                               | Ministeri            | al                              |             |  |  |  |
| Function: Governmental X Improper Notice More than Six Month          | sOth                 | ner Damages re                  | easonable X |  |  |  |
| City not involved Offer rejected Compromise settlement X              |                      |                                 |             |  |  |  |
| Repair/replacement by Ins. CoRepair/replacement by City Forces        |                      |                                 |             |  |  |  |
| Claimant Negligent City Negligent                                     | X Joint_             | Claim Abar                      | ndoned      |  |  |  |
| , , ,                                                                 |                      |                                 |             |  |  |  |
|                                                                       | Respe                | ctfully submitted,              |             |  |  |  |
| 1                                                                     | 11-0                 | 210                             |             |  |  |  |
|                                                                       | <b>-1</b> 11 11 (    | $\angle \Lambda \subset \times$ |             |  |  |  |
|                                                                       | Paul                 | C. Jeen                         |             |  |  |  |
|                                                                       | / INVÈ               | STIGÀTOR - MICHAEL              | A. REEVES   |  |  |  |
|                                                                       | $\sim$               |                                 |             |  |  |  |
| RECOMMENDATION:                                                       | _                    |                                 |             |  |  |  |
|                                                                       |                      |                                 |             |  |  |  |
| Pay \$1,000.00 / Adverse                                              | /Agcount charg       | ed: A101X2J0                    | 1 2H01      |  |  |  |
| Claims Manager: // // // // // // // // // // // // //                | Cc Cc                | oncur/date <u>05-76-4</u>       | 9           |  |  |  |
| Committee Action:                                                     | Council              | Action                          |             |  |  |  |
| /                                                                     |                      |                                 |             |  |  |  |
| FORM 23-61                                                            |                      |                                 |             |  |  |  |

COUNCIL OF THE CITY OF ATLA **MUNICIPAL CLERK** City Hall 35 Trinity Avenue, S.W. Atlanta, Georgia 30335 Deer Municipal Clerk: ENTERED - 2-16-99 - SB 99L0095 - MIKE REEVES This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$\int \cdot bodily injury for which I contend the City is liable. 2. Time of Incident (month/day/ on Campbellton Rd 4. Location of incident (including street address 5. Name of your insurance company: Policy No. US 6 ewhat and how incident occurred: OW of our vehicle. side 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). (City Driver's Name) (Telephone Number) (7-70) (404) 10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s). Il. This claim should be mailed immediately to the address shown above. 1 HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. Signature of Claimant (Address) Tausha Strawder

ATTYS: HiBBERT & HAMILION

\*\*\*\*\* \*\* \*\*

(Home Number)

# GENERAL RELEASE AND INDEMNIFICATION

| CLAIM NO                                                                                   | 99L0095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                 | \$.                                                                                              | 1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| IN CC                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the sum of <u>ONE T</u>                                                                                                                         |                                                                                                  | ND NO/100<br>NTA, the future receipt of v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | which is hereby                                                                       |
| discharge said<br>claims, deman                                                            | d, I do hereby, for d City, its officers a nds, actions, causes of the control of | myself, my heirs, ex<br>nd employees, included<br>of action, suits, dama                                                                        | ecutors, admir<br>ding but not lin<br>ges, loss and ex                                           | nistrators, and assigns, releasing to the contract of the cont | ase and forever<br>rom any and all<br>or nature for or                                |
| which occurre                                                                              | ed on or about the _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14th day of                                                                                                                                     | January                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 19 <u>99</u> ,                                                                      |
| at or near _C                                                                              | ampbellton Road an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d Harlon Road                                                                                                                                   |                                                                                                  | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ······································                                                |
| admission on<br>undersigned f<br>servants and<br>agents, servan<br>And I<br>of the sum sta | the part of the City, further covenants and employees, from an ints and employees, now state that the or ited above; that no or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | its officers, agents, additional days and all claims, days and all claims, days be called upon to ally consideration for their promise or agree | servants or empty and hold harm nages or costs or make as a resumy signing this ment of any king | ove named sum is not to be comployees, of any liability what alless the City of Atlanta, its ownich the said City of Atlanta alt of the event hereinbefore are release and indemnification and or nature has been made to y understand the meaning and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | officers, agents, nta, its officers, referred to.  It is the payment to or with me by |
| instrument.                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                               | 7M                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |
| WITN                                                                                       | IESS my hand and so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eal this                                                                                                                                        | <u> </u>                                                                                         | day of <u>April</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,19 <u>2000 .</u>                                                                     |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | <u>Austro</u><br>AOSHA STRA                                                                      | Atraudis<br>WDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (LS)                                                                                  |
|                                                                                            | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 74-28-05<br>L                                                                                                                                   | ORI HAMILT                                                                                       | ON, ATTORNEY AT LAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (LS)                                                                                  |
| The al                                                                                     | bove release was rea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d and explained to, a                                                                                                                           | and signed by th                                                                                 | ne said Jausha S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | trauder                                                                               |
| and                                                                                        | Lori Han                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11/1ton                                                                                                                                         | fara the                                                                                         | r presence on the date above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | written.                                                                              |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | Pezzy                                                                                            | Witnesses Rignal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a Strawdy                                                                             |

## Atlanta City Council

## Regular Session

CONSENT AGENDA PAGES (1 - 10)

\*\*\*\*\*

ADOPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED

NOT VOTING: 1 ON CONSENT AGENDA

EXCUSED: 0

ABSENT 1

Y McCarty Y Dorsey Y Moore Y Thomas ITEM (S) REMOVED FROM Y Starnes Y Woolard Y Martin Y Emmons Y Bond Y Alexander CONSENT AGENDA Y Morris Y Maddox B Winslow Y Muller Y Boazman NV Pitts 00-0-0662

\*\*\*\*\*

|                                | 06/05/00 Council Meeting |  |  |
|--------------------------------|--------------------------|--|--|
| ITEMS ADOPTED ON               | ITEMS ADVERSED ON        |  |  |
| CONSENT AGENDA                 | CONSENT AGENDA           |  |  |
| CONSENT AGENDA                 |                          |  |  |
| 1. 00-O-0590                   | 39. 00-R-0775            |  |  |
| 2. 00-O-0677                   | 40. 00-R-0776            |  |  |
| 3. 00-O-0712                   | 41. 00-R-0777            |  |  |
| 4. 00-O-0752                   | 42. 00-R-0778            |  |  |
| 5. 00-O-0592                   | 43. 00-R-0779            |  |  |
| 6. 00-O-0593                   | 44. 00-R-0780            |  |  |
| 7. 00-O-0594                   | 45. 00-R-0781            |  |  |
| 8. 00-O-0625                   | 46. 00-R-0782            |  |  |
| 9. 00-O-0666                   | 47. 00-R-0786            |  |  |
| 10. 00-O-0673                  | 48. 00-R-0787            |  |  |
| 11. 00-O-0722                  | 49. 00-R-0788            |  |  |
| 12. 00-O-0724                  | 50. 00-R-0789            |  |  |
| 13. 00-O-0725                  | 51. 00-R-0790            |  |  |
| 14. 00-O-0730                  | 52. 00-R-0791            |  |  |
| 15. 00-O-0589                  | 53. 00-R-0792            |  |  |
| 16. 00-O-0713                  | 54. 00-R-0793            |  |  |
| 17. 00-O-0714                  |                          |  |  |
| 18. 00-O-0715                  |                          |  |  |
| 19. 00-O-0716                  |                          |  |  |
| 20. 00-R-0753                  |                          |  |  |
| 21. 00-R-0794                  |                          |  |  |
| 22. 00-R-0761                  |                          |  |  |
| 23. 00-R-0719                  |                          |  |  |
| 24. 00-R-0763                  |                          |  |  |
| 25. 00-R-0764                  |                          |  |  |
| 26. 00-R-0762                  |                          |  |  |
| 27. 00-R-0765                  |                          |  |  |
| 28. 00-R-0766                  |                          |  |  |
| 29. 00-R-0768                  |                          |  |  |
| 30. 00-R-0769                  |                          |  |  |
| 31. 00-R-0770                  |                          |  |  |
| 32. 00-R-0771                  |                          |  |  |
| 33. 00-R-0772                  |                          |  |  |
| 34. 00-R-0773<br>35. 00-R-0774 |                          |  |  |
| 36. 00-R-0774<br>36. 00-R-0783 |                          |  |  |
| 37. 00-R-0784                  |                          |  |  |
| 38. 00-R-0785                  |                          |  |  |
| 30, 00-17-0703                 |                          |  |  |